

MEDICAL ASSISTANCE ADMINISTRATION



Prosthetic and Orthotic Devices

Billing Instructions

July 1, 1999

About this publication

This publication supersedes all previous MAA Prosthetic and Orthotic Devices Billing Instructions.

Published by the Medical Assistance Administration
Washington State Department of Social and Health Services
July 1, 1999

Received too many billing instructions?

Too few?

Address incorrect?

Please detach, fill out, and return the card located inside the back cover of this billing instruction. The information you provide will be used to update our records and provider information.

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Important Contacts

How do I apply for a provider number?

**Call the Provider Enrollment Unit
according to the first letter of your
business name:**

A-H (360) 664-0300
I-O (360) 753-4712
P-Z (360) 753-4711

Where do I send my claims?

Hard Copy Claims:

Division of Program Support
PO Box 9247
Olympia WA 98507-9247

Magnetic Tapes/Floppy Disks:

Division of Program Support
Claims Control
PO Box 45560
Olympia, WA 98504-5560

How do I obtain copies of billing instructions or numbered memoranda?

Check out our web site at:

<http://maa.dshs.wa.gov>

Write/call:

Provider Relations Unit
PO Box 45562
Olympia WA 98504-5562
(800) 562-6188

Who do I call if I have questions regarding...

**Policy, payments, denials, general
questions regarding claims processing,
or Healthy Options?**

Provider Relations Unit
1-800-562-6188

**Private insurance or third-party
liability, other than Healthy Options?**

Coordination of Benefits Section
1-800-562-6136

Electronic billing?

Write/call:

Electronic Billing Unit
PO Box 45564
Olympia, WA 98504-5564
(360) 753-0318

**All reimbursement issues, questions or
comments should be addressed to:**

DME - Program Manager
Professional Rates Section
Division of Operational Support Services
P O Box 45510
Olympia, Washington 98504-5510

Where do I write/call for prior authorization?

All authorization issues, questions or comments should be addressed to:

Quality Utilization
Division of Health Services & Quality
Support
P O Box 45506
Olympia, Washington 98504-5506
1-800-292-8064

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Definitions

This section defines terms and acronyms used in these billing instructions.

Authorization Number - A nine-digit number that identifies individual requests for services or equipment. The same authorization number is used throughout the history of the request, whether it is approved, pending, or denied.

Authorization Requirement - In order to obtain authorizations for certain services and equipment, you must provide proof of medical necessity. Each request must include a complete, detailed description of the diagnosis and/or any disabling conditions, justifying the need for the equipment or the level of service being requested.

By Report (BR) - When a service, supply, or device is new (its use is not yet considered standard), or it is a variation on a standard practice, or it is rarely provided, or it has no maximum allowance established, it may be designated ***By Report***. Any service or item classified as ***By Report*** is evaluated for its medical appropriateness and maximum allowance on a case-by-case basis.

Client - An applicant for, or recipient of, DSHS medical care program.

Code of Federal Regulations (CFR) - A codification of the general and permanent rules published in the federal register by the executive departments and agencies of the federal government.

Community Services Office(S) (CSO) - An office of the department which administers social and health services at the community level. (WAC 388-500-0005)

Core Provider Agreement - A basic contract that the Medical Assistance Administration (MAA) holds with medical providers serving MAA clients. The provider agreement outlines and defines terms of participation in the Medicaid program.

Department - The State Department of Social and Health Services. (WAC 388-500-0005)

Emergency Medical Expense Requirement (EMER) - A specified amount of expense(s) for emergency medical conditions that a client must incur prior to certification for the Medically Indigent Program.

Explanation of Benefits (EOB) - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

Explanation of Medicare Benefits (EOMB) - A federal report generated by Medicare for its providers which displays transaction information regarding Medicare claims processing and payments.

Health Services Quality Support, Division of (DHSQS) - A division within the Medical Assistance Administration responsible for the administration of the quality improvement and assurance programs, utilization review and management, and prior authorization for fee-for-service program.

Internal Control Number (ICN) - A 17-digit number that appears on your Remittance and Status Report by the client's name. Each claim is assigned an ICN when it is received by MAA. The number identifies that claim throughout the claim's history.

Managed Care – A comprehensive system of medical and health care delivery including preventive, primary, specialty, and ancillary services. Managed care involves having clients enrolled:

- With or assigned to a primary care provider;
- With or assigned to a plan; or
- With an independent provider who is responsible for arranging or delivering all contracted medical care.
(WAC 388-538-001)

Maximum Allowable - The maximum dollar amount for which a provider may be reimbursed by MAA for specific services, supplies, or equipment.

Medicaid - The federal aid Title XIX program under which medical care is provided to:

- Categorically needy as defined in WAC 388-503-0310 and 388-511-1105; or
- Medically needy as defined in WAC 388-503-0320. (WAC 388-500-0005)

Medical Assistance Administration (MAA) -The administration within the department of social and health services authorized by the secretary to administer the acute care portion of the Title XIX Medicaid and the state-funded medical care programs, with the exception of certain non-medical services for persons with chronic disabilities.

Medically Necessary - A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all. (WAC 388-500-0005)

Medicare - The federal government health insurance program for certain aged or disabled clients under Titles II and XVIII of the Social Security Act. Medicare has two parts:

- a) 'Part A' covers the Medicare inpatient hospital, post-hospital skilled nursing facility care, home health services, and hospice care.

- b) 'Part B' is the supplementary medical insurance benefit (SMIB) covering the Medicare doctor's services, outpatient hospital care, outpatient physical therapy and speech pathology services, home health care, and other health services and supplies not covered under Part A of Medicare. (WAC 388-500-0005)

Orthotic Devices - A mechanical device prescribed by a physician or other appropriately licensed practitioner within the scope of his or her practice which is intended to support or correct any defect of form or function of the human body.

Patient Identification Code (PIC) - An alphanumeric code which is assigned to each Medical Assistance client and which consists of:

- a) First and middle initials (or a dash [-] if the middle initial is not indicated)
- b) Six-digit birthdate, consisting of *numerals only* (MMDDYY)
- c) First five letters of the last name (and spaces if name is fewer than 5-letters)
- d) Alpha or numeric character (tie breaker)

Prior Authorization – Approval, based on medical necessity, required from MAA for certain services, items, or supplies.

Program Support, Division of (DPS) - The division within the Medical Assistance Administration which processes claims for payment under the Title XIX (federal) program and state-funded programs.

Prosthetic Devices - A mechanical device prescribed by a physician or other appropriately licensed practitioner within the scope of his or her practice which replaces all or any part of an extremity, generally known as an "artificial limb."

Provider Or Provider Of Service - An institution, agency, or person:

- Having a signed agreement [Core Provider] with the department to furnish medical care, goods, and/or services to clients; and
- Eligible to receive payment from the department. (WAC 388-500-0005)

Remittance And Status Report - A report produced by the Medicaid Management Information System (MMIS) that provides detailed information concerning submitted claims and other financial transactions.

Revised Code Of Washington (RCW) - Washington State laws.

Third Party - Any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished under a State plan. (42 CFR 433.136)

Usual & Customary Fee - This is the rate that may be billed to the department for a certain service or equipment. This rate *may not exceed*:

- The usual and customary charge that you bill the general public for the same services; or
- If the general public is not served, the rate for the same services normally offered to other contractors.

Washington Administrative Code (WAC) - Codified rules of the State of Washington.

Prosthetic and Orthotic Devices

What is the purpose of the Prosthetic/Orthotic Devices Program?

The purpose of the Prosthetic/Orthotic Devices Program is to provide eligible Medical Assistance clients with medically necessary mechanical devices intended to:

- ✓ Support or correct any defect of form or function of the human body; or
- ✓ Replace all or part of an extremity, generally known as an “artificial limb.”

The specific details as to this coverage are included in these instructions.

Notifying Clients of Their Rights (Advance Directives)

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give **all adult clients** written information about their rights, under state law, to make their own health care decisions.

Clients have the right to:

- Accept or refuse medical treatment;
- Make decisions concerning their own medical care; and
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care.

Eligibility

Who is eligible?

Clients presenting Medical Assistance Identification (MAID) cards with the following identifiers are eligible for Prosthetic/Orthotic Devices:

<u>MAID Identifier</u>	<u>Medical Program</u>
CNP	Categorically Needy Program
CNP - CHIP	Categorically Needy Program – Children’s Health Insurance Program
CNP - Children’s Health	Categorically Needy Program – Children’s Health
GA-U - No Out of State Care	Unemployable
LCP - MNP	Limited Casualty Program - Medically Needy Program

Who is not eligible?

Clients presenting MAID cards with the following identifiers are not eligible for Prosthetic/Orthotic Devices:

<u>MAID Identifier</u>	<u>Medical Program</u>
CNP-Emergency Medical Only	Categorically Needy Program-Emergency Medical Only
Emergency Hospital & Ambulance Only	MI
Family Planning Only	Family Planning

Are clients enrolled in managed care eligible?

YES! Clients with an identifier in the HMO column on their MAID card are enrolled in one of MAA's Healthy Options managed care plans. Clients enrolled in Healthy Options managed health care plans **are eligible** for prosthetic/orthotic devices under their designated plan.

Managed Care clients must have all services arranged and provided by their Primary Care Providers (PCP).

To prevent billing denials, please check the client's MAID card **prior** to scheduling services and at the **time of service** to make sure proper authorization or referral is obtained from the PCP and/or plan.

Primary Care Case Management (PCCM) clients will have the identifier **PCCM** in the HMO column on their MAID cards. Please make sure these clients have been referred by their PCCM prior to receiving services. The referral number is required on the HCFA-1500 claim form. (See *Billing* for further information.)

Coverage

What is covered?

The reimbursement for purchased prosthetic and orthotic devices will include, but is not limited to:

- The manufacturer's warranty when applicable;
- The cost of any required adjustments and/or modifications to the equipment within three months of the date of service;
- The cost of instructing the client in the safe usage of equipment;
- The cost of delivery to the client's residence and, when appropriate, to the room in which the equipment will be used;
- Fitting fees (other than in an inpatient hospital setting); or
- Molds.

Criteria Required for Reimbursement

1. Attending Physician's Prescription

For each device/item, a provider must keep a legible, written or typed prescription, signed and dated by the client's attending medical physician on file.

- ✓ Prescriptions for items requiring no approval must not be dated more than three months prior to the date of service.
- ✓ If the service requires prior authorization, the prescription must not be dated more than three months from the date the request is received by the Medical Assistance Administration.

2. Inpatient Orthotics and Prosthetics

Prosthetics and orthotics placed during an inpatient hospital stay **are** included in the hospital reimbursement rate. MAA does **not** reimburse separately under these circumstances.

3. Nonreimbursable Items

- ✓ a temporary prosthesis (not medically necessary)
- ✓ prosthetic devices dispensed for purely cosmetic reasons

4. All equipment that is purchased must be new.

Warranty

MAA does not reimburse for materials or services covered under the manufacturer's warranty. If the warranty period has expired, the information must include the date the item was purchased and the warranty period for the item requested. If the damage was caused by user misuse/abuse, that information should be brought to the attention of MAA at the time the request for authorization is made.

Routine Maintenance/Service

Clients who have the physical and mental ability to maintain their own prosthetics/orthotics should do so. MAA considers the following for authorization:

- Routine servicing that cannot be performed by clients or their caregivers; and
- Extensive maintenance recommended by the manufacturer to be performed by an authorized dealer.

Replacement Prosthesis

A replacement prosthesis must be the least costly alternative to repairing or modifying the current prosthesis.

Authorization

Is Prior Authorization (PA) required?

Yes! The Medical Assistance Administration (MAA) requires authorization for certain purchases and repairs of medically necessary prosthetic and orthotic devices and related services. Please refer to the PA column of the fee schedule for further information.

What must I do if prior authorization is required?

1. If authorization is required, **you are responsible for obtaining authorization before you provide the service.** You are required to compile and submit information to establish medical necessity.
2. Requests for prior authorization may be initiated either by telephone or in writing on the HCFA-1500 claim form for review by the Quality Utilization Section (QUS).
 - ✓ **Telephone requests:** You will receive an authorization number and a disposition at the time of the request. The toll-free authorization line is 1-800-292-8064. (See *Important Contacts* section.)
 - ✓ **Written Requests:** MAA-QUS will return your written request and will indicate authorization status (approved, denied, or pended) in field 23 of the HCFA-1500 claim form. (See HCFA-1500 claim form instructions in this billing instruction.) The client will also receive notification and justification for denied or pended requests. (See *Important Contacts* section.)

Billing

What is the time limit for billing?

State law requires that you present your final bill to MAA for reimbursement no later than 365 days from the date of service. (RCW 74.09.160)

- **For eligible clients:** Bill MAA within 365 days after you provide a service(s).
- **For clients who are not eligible at the time of service, but are later found to be eligible:** Bill MAA within 365 days from the Retroactive¹ or Delayed² certification period.
- **MAA will not pay if:**
 - ✓ The service or product is not covered by MAA;
 - ✓ The service or product is not medically necessary;
 - ✓ The client has third party coverage, and the third party pays as much as, or more than MAA allows for the service or product; or
 - ✓ MAA is not billed within the time limit indicated above.

What fee should I bill MAA for eligible clients?

Bill MAA your usual and customary fee.

¹ **Retroactive Certification:** An applicant receives a service, then applies to MAA for medical assistance at a later date. Upon approval of the application, the person was found to be eligible for the medical services at the time he or she received the service. The provider **MAY** refund payment made by the client and then bill MAA for these services.

² **Delayed Certification:** A person applies for a medical program prior to the month of service and a delay occurs in the processing of the application. Because of this delay, the eligibility determination date becomes later than the month of service. A delayed certification indicator will appear on the MAID card. The provider **MUST** refund any payment(s) received from the client for the period he/she is determined to be Medicaid-eligible, and then bill MAA for those services.

Third-Party Liability

You must bill the insurance carrier(s) indicated on the client's Medical Assistance IDentification (MAID) card. An insurance carrier's billing time limit for claim submissions may vary. It is your responsibility to meet the insurance carrier's requirements relating to billing time limits, as well as MAA's, prior to any payment by MAA.

You must meet MAA's 365-day billing time limit even if you have not received notification of action from the insurance carrier. If your claim is denied due to any existing third-party liability, refer to the corresponding MAA Remittance and Status Report for insurance information appropriate for the date of service.

If you receive an insurance payment and the carrier pays you less than the maximum amount allowed by MAA, or if you have reason to believe that MAA may make an additional payment:

- Submit a completed claim form to MAA;
- Attach the insurance carrier's statement;
- If rebilling, also attach a copy of the MAA Remittance and Status Report showing the previous denial; or
- If you are rebilling electronically, list the Internal Control Number (ICN) of the previous denial in the comments field of the Electronic Media Claim (EMC).

Third-party carrier codes are available on the Internet at <http://maa.dshs.wa.gov> or by calling the Coordination of Benefits Section at 1-800-562-6136.

How do I bill for clients who are eligible for both Medicare and Medicaid?

Some Medicaid clients are also eligible for Medicare benefits. When you have a client who is eligible for both Medicaid *and* Medicare benefits, you should submit claims for that client to your Medicare intermediary or carrier, *first*. Medicare is the primary payor of claims.

MAA cannot make direct payments to clients to cover the deductible and/or coinsurance amount of Part B Medicare. MAA *can* pay these costs to the provider on behalf of the client when:

- 1) The provider accepts assignment; and
- 2) The total combined reimbursement to the provider from Medicare and Medicaid does not exceed Medicare's allowed amount. MAA will pay up to Medicare's allowable or MAA's allowable, whichever is less.

An **X** in the *Medicare* area on the client's medical assistance IDentification (MAID) card (area 9) indicates Medicare eligibility.

QMB (Qualified Medicare Beneficiaries) Program Limitations:

QMB with CNP or MNP (Qualified Medicare Beneficiaries with Categorically Needy Program or Medically Needy Program)

- If the client has a CNP or MNP MAID card in addition to the QMB MAID card, and the service you provide is covered by Medicare *and* Medicaid, MAA will pay the deductible and/or coinsurance up to Medicaid's allowed amount.
- MAA will also reimburse for services that are *not* covered by Medicare but *are* covered under the CNP or MNP program.

QMB-MEDICARE Only

The reimbursement criteria for this program is as follows:

- If Medicare **and** Medicaid cover the service, MAA will pay the deductible and/or coinsurance up to Medicaid's allowed amount.
- If only Medicare and **not** Medicaid covers the service, MAA will pay the deductible and/or coinsurance up to Medicare's allowed amount.
- If Medicare does **not** cover or denies the service, MAA will not reimburse for the service.

After Medicare has processed your claim, and if Medicare has allowed the services, in most cases Medicare will forward the claim to MAA for any supplemental Medicaid payment. When the words, *"This information is being sent to either a private insurer or Medicaid fiscal agent,"* appear on your Medicare remittance notice, it means that your claim has been forwarded to MAA or a private insurer.

- If **Medicare has paid** and the Medicare crossover claim does not appear on the MAA Remittance and Status Report within 30 days of the Medicare statement date, bill MAA using the HCFA-1500 claim form and the same HCPCS procedure coding billed to Medicare.
- If **Medicare denies** a service, bill MAA using the HCFA-1500 form. Be sure the Medicare denial letter or EOMB is attached to your claim to avoid delayed or denied payment.

You must submit your claim to MAA within *six months* of the Medicare statement date.

What records does MAA require me to keep in a client's file?

You must maintain legible, accurate, and complete charts and records in order to support and justify the services you provide. **Chart** means a summary of medical records on an individual patient. **Record** means dated reports supporting claims submitted to the Washington Medical Assistance Administration for medical services provided in an office, home, nursing facility, hospital, outpatient, emergency room, or other place of service. Records of service must be in chronological order by the practitioner who rendered the service. For reimbursement purposes, such records must be legible; authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment, or other service to which the entry pertains; and must include, but not be limited to the following information:

1. Date(s) of service.
2. Patient's name and date of birth.
3. Name and title of person performing the service, when it is someone other than the billing practitioner.
4. Chief complaint or reason for each visit.
5. Pertinent medical history.
6. Pertinent findings on examination.
7. Medications, equipment, and/or supplies prescribed or provided.
8. Description of treatment (when applicable).
9. Recommendations for additional treatments, procedures, or consultations.
10. X-rays, tests, and results.
11. Plan of treatment/care/outcome.

Charts/records must be available to DSHS or its contractor(s) and to the U.S. Department of Health and Human Services upon request. DSHS conducts provider audits in order to determine compliance with the various rules governing its medical programs. [Being selected for an audit does not mean that your business has been predetermined to have faulty business practices.]

How to Complete the HCFA-1500 Claim Form

The HCFA-1500 (U2) (12-90) (Health Insurance Claim Form) is a universal claim form used by many agencies nationwide; a number of the fields on the form do not apply when billing the Medical Assistance Administration (MAA). Some field titles may not reflect their usage for this claim type. The numbered boxes on the claim form are referred to as fields.

General Instructions

- Please use an original, red and white HCFA-1500 (U2) (12-90) claim form.
- Enter only one (1) procedure code per detail line (field 24A-24K). If you need to bill more than six (6) lines per claim, please complete an additional HCFA-1500 claim form.
- You must enter all information within the space allowed.
- Use upper case (capital letters) for all alpha characters.
- Do not write, print, or staple any attachments in the bar area at the top of the form.

<u>FIELD</u>	<u>DESCRIPTION</u>	
1a.	<p><u>Insured's I.D. No.: Required.</u> Enter the Medicaid Patient Identification Code (PIC) - an alphanumeric code assigned to each Medical Assistance client - exactly as shown on the Medical Assistance IDentification (MAID) card. This information is obtained from the client's current monthly MAID card and consists of the client's:</p> <p>a) First and middle initials (a dash [-] <i>must</i> be used if the middle initial is not available).</p> <p>b) Six-digit birthdate, consisting of <i>numerals only</i> MMDDYY).</p> <p>c) First five letters of the last name. If there are fewer than five letters in the last name, leave spaces for the remainder <u>before</u> adding the tie breaker.</p>	<p>d) An alpha or numeric character (tie breaker).</p> <p><i>For example:</i></p> <ol style="list-style-type: none"> 1. Mary C. Johnson's PIC looks like this: MC010667JOHNSB. 2. John Lee's PIC needs two spaces to make up the last name, does not have a middle initial and looks like this: J-100257LEE B. 3. A PIC for Mary C. Johnson's newborn baby would look like this: MC010667JOHNSB Baby on Parent's PIC.

2. **Patient's Name: Required.** Enter the last name, first name, and middle initial of the Medicaid client (the receiver of the services for which you are billing).
3. **Patient's Birthdate: Required.** Enter the birthdate of the Medicaid client.
4. **Insured's Name (Last Name, First Name, Middle Initial): When applicable.** If the client has health insurance through employment or another source (e.g., private insurance, Federal Health Insurance Benefits, CHAMPUS, or CHAMPVA), list the name of the insured here. Enter the name of the insured except when the insured and the client are the same - then the word *Same* may be entered.
5. **Patient's Address: Required.** Enter the address of the Medicaid client who has received the services for which you are billing (the person whose name is in *field 2*.)
9. **Other Insured's Name: When applicable,** show the last name, first name, and middle initial of the insured if it is *different from* the name shown in *field 4*. Otherwise, enter the word *Same*.
- 9a. Enter the other insured's policy or group number *and* his/her social security number.
- 9b. Enter the other insured's date of birth.
- 9c. Enter the other insured's employer's name or school name.

- 9d. Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, private supplementary insurance).

Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, and Medicare, etc. are inappropriate entries for this field.

10. **Is Patient's Condition Related To: Required.** Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. ***Indicate the name of the coverage source in field 10d*** (L&I, name of insurance company, etc.).
11. **Insured's Policy Group Or FECA (Federal Employees Compensation Act) Number: When applicable.** This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and Medicaid pays as payor of last resort.
- 11a. **Insured's Date Of Birth: When applicable,** enter the insured's birthdate, if different from *field 3*.
- 11b. **Employer's Name Or School Name: When applicable,** enter the insured's employer's name or school name.

- 11c. **Insurance Plan Name Or Program Name:** *When applicable*, show the insurance plan or program name to identify the primary insurance involved. (Note: This may or may not be associated with a group plan.)
- 11d. **Is There Another Health Benefit Plan?:** Indicate *yes* or *no*. If yes, you should have completed fields 9a. - d.
17. **Name Of Referring Physician Or Other Source:** *When applicable*, enter the referring physician or Primary Care Case Manager name. This field *must* be completed for consultations, or for referred laboratory or radiology services (or any other services indicated in your billing instructions as requiring a referral source).
- 17a. **I.D. Number Of Referring Physician:** *When applicable*, 1) enter the seven-digit, MAA-assigned identification number of the provider who *referred or ordered* the medical service; OR 2) when the Primary Care Case Manager (PCCM) referred the service, enter his/her seven-digit identification number here. *If the provider does not have an MAA provider ID number, be certain field 17 is completed.*
19. **Reserved For Local Use:** *When applicable*, enter indicator **B**, *Baby on parent's PIC.*
21. **Diagnosis Or Nature Of Illness Or Injury:** Enter the appropriate diagnosis code and/or ICD-9 code **V58.9**.

22. **Medicaid Resubmission:** *When applicable.* If this billing is being submitted beyond the 365-day billing time limit, enter the ICN that verifies that your claim was originally submitted within the time limit. (The ICN number is the *claim number* listed on the Remittance and Status Report.)

23. **Prior Authorization Number:** *When applicable.* If the service or device you are billing for requires authorization, enter the nine-digit number assigned to you. Only one authorization number is allowed per claim.

- 24A. **Date(S) Of Service:** *Required.* Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., July 04, 1999 = 070499).

- 24B. **Place Of Service:** *Required.* These are the only appropriate code(s) for Washington State Medicaid:

<u>Code Number</u>	<u>To Be Used For</u>
3	Office or ambulatory surgery center
4	Client's residence
7	Nursing facility formerly ICF)
8	Nursing facility (formerly SNF)
9	Other

- 24C. **Type Of Service:** *Required.* Enter a **9** for all services billed.

- 24D. **Procedures, Services Or Supplies CPT/HCPCS:** *Required.* Enter the appropriate procedure code for the services being billed. **MODIFIER:** When appropriate enter a modifier.
- 24E. **Diagnosis Code:** *Required.* Enter the ICD-9-CM diagnosis code related to the procedure or service being billed and/or V58.9. A diagnosis code is required for each service or line billed. Enter the code exactly as shown in ICD-9-CM, or relate each line item to *field 21* by entering a 1, 2, 3, or 4.
- 24F. **\$ Charges:** *Required.* Enter your usual and customary charge for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field.
- 24G. **Days Or Units:** *Required.* Enter the total number of days or units for each line. These figures must be whole units.
25. **Federal Tax I.D. Number:** Leave this field blank.
26. **Your Patient's Account No.:** This is any nine-digit alphanumeric entry *that you may use as your internal reference number.* You create this number. Once you have submitted this account number to MAA, it will appear on the Remittance and Status Report.
28. **Total Charge:** *Required.* Enter the sum of your charges. Do not use dollar signs or decimals in this field.

29. **Amount Paid:** If you receive an insurance payment or patient paid amount, show the amount here, and attach a copy of the insurance EOB. If payment is received from source(s) other than insurance, specify the source in *field 10d*. Do not use dollar signs or decimals in this field or put Medicare payment here.
30. **Balance Due:** *Required.* Enter balance due. Enter total charges minus any amount(s) in *field 29*. Do not use dollar signs or decimals in this field.
33. **Physician's, Supplier's Billing Name, Address, Zip Code And Phone #:** *Required.* Put the *Name, Address, and Phone #* on all claim forms.
- P.I.N.:** Required when the performing provider belongs to a group or when the provider is an individual practitioner. When the seven-digit number is assigned to an individual practitioner, payment will be made under this number. Enter the seven-digit performing provider number assigned to you by the MAA when you signed your Core Provider Agreement.
- Group:** Enter the group number assigned by MAA. This is the seven-digit number identifying the entity (e.g., clinic, lab, hospital emergency room, etc.). When a valid group number is entered in this field, payment will be made under this number.

Sample HCFA-1500 Claim Form

How to Complete the Medicare Part B/Medicaid Crossover HCFA-1500 Claim Form

The HCFA-1500 (U2) (12-90) (Health Insurance Claim Form) is a universal claim form used by many agencies nationwide; a number of the fields on the form do not apply when billing the Medical Assistance Administration (MAA). Some field titles may not reflect their usage for this claim type. The numbered boxes on the claim form are referred to as fields.

The HCFA-1500 claim form, used for Medicare/Medicaid Benefits Coordination, cannot be billed electronically.

General Instructions

- Please use an original, red and white HCFA-1500 (U2) (12-90) claim form.
- Enter only one (1) procedure code per detail line (field 24A-24K). If you need to bill more than six (6) lines per claim, please complete an additional HCFA-1500 claim form.
- You must enter all information within the space allowed.
- Use upper case (capital letters) for all alpha characters.
- Do not write, print, or staple any attachments in the bar area at the top of the form.

FIELD DESCRIPTION

- 1a. Insured's I.D. No.:** Required. Enter the Medicaid Patient Identification Code (PIC) - an alphanumeric code assigned to each Medical Assistance client - exactly as shown on the medical assistance IDentification (MAID) card. This information is obtained from the client's current monthly MAID card and consists of the client's:
- a) First and middle initials (a dash [-] *must* be used if the middle initial is not available).
 - b) Six-digit birthdate, consisting of *numerals only* (MMDDYY).
 - c) First five letters of the last name. If there are fewer than five letters in the last name, leave spaces for the remainder before adding the tiebreaker.
 - d) An alpha or numeric character (tie breaker).

For example:

- 1. Mary C. Johnson's PIC looks like this: MC010633JOHNSB.
 - 2. John Lee's PIC needs two spaces to make up the last name, does not have a middle initial and looks like this: J-100226LEE B.
- 2. Patient's Name:** Required. Enter the last name, first name, and middle initial of the Medicaid client (the receiver of the services for which you are billing).
- 3. Patient's Birthdate:** Required. Enter the birthdate of the Medicaid client. **Sex:** Check **M** (male) or **F** (female).

- 4. Insured's Name (Last Name, First Name, Middle Initial):** When applicable. If the client has health insurance through employment or another source (e.g., private insurance, Federal Health Insurance Benefits, CHAMPUS, or CHAMPVA), list the name of the insured here. Enter the name of the insured except when the insured and the client are the same - then the word *Same* may be entered.
- 5. Patient's Address:** Required. Enter the address of the Medicaid client who has received the services you are billing for (the person whose name is in *field 2*).
- 9. Other Insured's Name:** Secondary insurance. When applicable, enter the last name, first name, and middle initial of the insured. If the client has insurance secondary to the insurance listed in *field 11*, enter it here.
- 9a.** Enter the other insured's policy or group number *and* his/her Social Security Number.
 - 9b.** Enter the other insured's date of birth.
 - 9c.** Enter the other insured's employer's name or school name.
 - 9d.** Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, or private supplementary insurance).

Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, Medicare, Indian Health, PCCM, Healthy Options, PCOP, etc., are inappropriate entries for this field.

- | | |
|---|---|
| <p>10. <u>Is Patient's Condition Related To:</u> Required. Check <i>yes</i> or <i>no</i> to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in <i>field 24</i>. <i>Indicate the name of the coverage source in field 10d</i> (L&I, name of insurance company, etc.).</p> <p>11. <u>Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:</u> Primary insurance. When applicable. This information applies to the insured person listed in <i>field 4</i>. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and Medicaid pays as payor of last resort.</p> <p>11a. <u>Insured's Date of Birth:</u> Primary insurance. When applicable, enter the insured's birthdate, if different from <i>field 3</i>.</p> <p>11b. <u>Employer's Name or School Name:</u> Primary insurance. When applicable, enter the insured's employer's name or school name.</p> <p>11c. <u>Insurance Plan Name or Program Name:</u> Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (<i>Note: This may or may not be associated with a group plan.</i>)</p> | <p>11d. <u>Is There Another Health Benefit Plan?:</u> Required if the client has secondary insurance. Indicate <i>yes</i> or <i>no</i>. If <i>yes</i>, you should have completed <i>fields 9a.-d</i>. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check <i>yes</i>. If 11d. is left blank, the claim may be processed and denied in error.</p> <p>19. <u>Reserved For Local Use - Required. When Medicare allows services, enter XO to indicate this is a crossover claim.</u></p> <p>22. <u>Medicaid Resubmission:</u> When applicable. If this billing is being resubmitted more than six (6) months from Medicare's paid date, enter the Internal Control Number (ICN) that verifies that your claim was originally submitted within the time limit. (The ICN number is the <i>claim number</i> listed on the Remittance and Status Report.) Also enter the three-digit denial Explanation of Benefits (EOB).</p> <p>24. <u>Enter only one (1) procedure code per detail line (fields 24A - 24K). If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.</u></p> <p>24A. <u>Date(S) of Service:</u> Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., July 4, 1999 = 070499).</p> |
|---|---|

24B. Place of Service: Required.
Enter the appropriate number below:

<u>Code Number</u>	<u>To Be Used For</u>
4	Client's residence
7	Nursing facility (formerly ICF)
8	Nursing facility (formerly SNF)

24C. Type of Service: Required. Enter a **9** for purchase or an **R** for rental.

24D. Procedures, Services or Supplies CPT/HCPCS: Required.
Coinsurance and Deductible: Enter the total combined and deductible for each service in the space to the right of the modifier on each detail line.

24E. Diagnosis Code: Enter appropriate diagnosis code for condition.

24F. \$ Charges: Required. Enter the amount you billed Medicare for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax.

24G. Days or Units: For multiple quantities of supplies, enter the number of items dispensed. Unless the procedure code description specifically indicates pack, cans, bottles, or other quantity, the "each" is each single item.

24K. Reserved for Local Use: Required.
Use this field to show Medicare's allowed charges. Enter the Medicare's allowed charge on each detail line of the claim (see sample).

26. Your Patient's Account No.: Not required. Enter an alphanumeric ID number, for example, a medical record number or patient account number. This number will be printed on your Remittance and Status Report under the heading *Patient Account Number*.

27. Accept Assignment: *Required.*
Check **yes**.

28. Total Charge: Required. Enter the sum of your charges. Do not use dollar signs or decimals in this field.

29. Amount Paid: Required. Enter the Medicare Deductible here. Enter the amount as shown on Medicare's Remittance Notice and Explanation of Benefits. If you have more than six (6) detail lines to submit, please use multiple HCFA-1500 claim forms (see field 24) and calculate the deductible based on the lines on each form. **Do not include coinsurance here.**

30. Balance Due: Required. Enter the Medicare Total Payment. Enter the amount as shown on Medicare's Remittance Notice or Explanation of Benefits. If you have more than six (6) detail lines to submit, please use multiple HCFA claim forms (see field 24) and calculate the Medicare payment based on the lines on each form. **Do not include coinsurance here.**

32. **Name and Address of Facility
Where Services Are Rendered:**
Required. Enter Medicare Statement Date *and* any Third-Party Liability Dollar Amount (e.g., auto, employee-sponsored, supplemental insurance) here, if any. If there is insurance payment on the claim, you must also attach the insurance Explanation of Benefits (EOB). **Do not include coinsurance here.**
33. **Physician's, Supplier's Billing
Name, Address, Zip Code and
Phone #:** Required. Enter the supplier's *Name, Address, and Phone #* on all claim forms. Enter your seven-digit provider number here.

Sample Medicare Part B/Medicaid Crossover
HCFA-1500 Claim Form

Fee Schedule

Prosthetics and Orthotics

Understanding the fee schedule

- In the P.A. (Prior Authorization) column on the fee schedule:
Y means requires prior authorization
Y* means requires prior authorization only for clients 17 years of age and older
- In the Licensure column on the fee schedule:
Y means licensure required
Y** means licensure required if prescribed for treatment of scoliosis
- **HCPCS codes** that do not have a Medicaid Maximum Allowance established are listed as **By Report (B.R.)** or **Noncovered (#)**.

State-unique procedure codes may also be listed as *By Report*. These procedure codes are used for unusual or unique circumstances, and/or when there is no other appropriate procedure code available. These *By Report* procedures are available in each section of the fee schedule.
- Please provide the following documentation for By Report procedures requiring prior approval:
 - (1) A detailed description of the item that will be provided.
 - (2) The procedure code that most closely describes the By Report item. If the item has been modified, note how that was done.
 - (3) If appropriate, the manufacturer's invoice, price list, a catalog with product description, and cost of itemized items.
- **Modifiers:**

RT	= Right
LT	= Left
RP	= Replacement

 **Note:** If dispensing new bilateral/single item(s), use modifiers RT, LT, as appropriate. If dispensing replacement for a previous prosthetic(s) or orthotic(s), use modifier RP.

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L0100	Y	Y	Cervical, craniostenosis, helmet molded to patient model	\$437.77
L0110			Cervical, craniostenosis, helmet, nonmolded	\$117.84
L0120			Cervical, flexible, nonadjustable (foam collar)	\$26.76
L0130		Y	Cervical, flexible, thermoplastic collar, molded to patient	\$148.89
L0140			Cervical, semi-rigid, adjustable (plastic collar)	\$64.56
L0150			Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	\$85.98
L0160			Cervical, semi-rigid, wire frame occipital/mandibular support	\$118.46
L0170	Y	Y	Cervical, collar, molded to patient model	\$574.62
L0172			Cervical, collar, semi-rigid thermoplastic foam, two piece	\$103.71
L0174			Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	\$218.34
L0180			Cervical, multiple post collar, occipital/mandibular supports, adjustable	\$318.36
L0190			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	\$447.89
L0200			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	\$500.12
L0210			Thoracic, rib belt	\$33.49
L0220			Thoracic, rib belt, custom fabricated	\$99.66

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L0300		Y**	TLSO, flexible (dorso-lumbar surgical support)	\$173.60
L0310			TLSO, flexible (dorso-lumbar surgical support), custom fabricated	\$288.58
L0315		Y**	TLSO, flexible (dorso-lumbar surgical support), elastic type, with rigid posterior panel	\$241.66
L0317		Y**	TLSO, flexible (dorso-lumbar surgical support), hyperextension, elastic type, with rigid posterior panel	\$358.78
L0320		Y**	TLSO, anterior-posterior control (Taylor type), with apron front	\$356.85
L0330		Y**	TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front	\$428.33
L0340		Y**	TLSO, anterior-posterior-lateral-rotary control (Arnold, Magnuson, Steindler types), with apron front	\$512.92
L0350		Y**	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted	\$834.29
L0360	Y	Y	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, molded to patient model	\$1,087.79
L0370		Y**	TLSO, anterior-posterior-lateral-rotary control, hyperextension (Jewett, Lennox, Baker, Cash types)	\$365.09
L0380		Y**	TLSO, anterior-posterior-lateral-rotary control, with extensions	\$515.31
L0390	Y	Y	TLSO, anterior-posterior-lateral control molded to patient model	\$1,258.86
L0400	Y	Y	TLSO, anterior-posterior-lateral control molded to patient model with interface material	\$1,282.98

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
0410L	Y		Orthopedic shoe repair (parts <u>only</u>)	B.R.
L0410	Y	Y	TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model	\$1,344.15
L0420	Y	Y	TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model, with interface material	\$1,426.07
L0430		Y**	TLSO, anterior-posterior-lateral control, with interface material, custom fitted	\$1,013.47
L0440		Y**	TLSO, anterior-posterior-lateral control, with overlapping front section, spring steel front, custom fitted	\$847.36
L0500		Y**	LSO, flexible (lumbo-sacral surgical support)	\$136.76
L0510		Y**	LSO, flexible (lumbo-sacral surgical support), custom fabricated	\$257.16
L0515		Y**	LSO, flexible (lumbo-sacral surgical support) elastic type, with rigid posterior panel	\$154.83
L0520		Y**	LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front	\$373.14
L0530		Y**	LSO, anterior-posterior control (Macausland type), with apron front	\$364.90
L0540		Y**	LSO, lumbar flexion (Williams flexion type)	\$372.92
L0550	Y	Y	LSO, anterior-posterior-lateral control, molded to patient model	\$1,061.36
L0560	Y	Y	LSO, anterior-posterior-lateral control, molded to patient model, with interface material	\$1,219.07
L0565		Y**^	LSO, anterior-posterior-lateral control, custom fitted	\$887.39

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L0600		Y**	Sacroiliac, flexible (sacroiliac surgical support)	\$91.41
L0610		Y**	Sacroiliac, flexible (sacroiliac surgical support), custom fabricated	\$242.59
L0620		Y**	Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front	\$320.50
L0700	Y	Y	CTL SO, anterior-posterior-lateral control, molded to patient model (Minerva type)	\$1,529.13
L0710	Y	Y	CTL SO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	\$1,727.14
L0810		Y	Halo procedure, cervical halo incorporated into jacket vest	\$2,079.60
L0820		Y	Halo procedure, cervical halo incorporated into plaster body jacket	\$2,042.32
L0830	Y	Y	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	\$2,864.65
L0860		Y	Addition to halo procedures, magnetic resonance image compatible system	\$921.42
L0900		Y**	Torso support, ptosis support	\$143.00
L0910			Torso support, ptosis support, custom fabricated	\$279.46
L0920		Y**	Torso support, pendulous abdomen support	\$141.94
L0930			Torso support, pendulous abdomen support, custom fabricated	\$315.25
L0940		Y**	Torso support, postsurgical support	\$136.66
L0950			Torso support, postsurgical support, custom fabricated	\$273.39

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L0960		Y**	Torso support, postsurgical support, pads for postsurgical support	\$53.95
L0970		Y**	TLSO, corset front	\$86.45
L0972		Y**	LSO, corset front	\$77.84
L0974		Y**	TLSO, full corset	\$140.10
L0976		Y**	LSO, full corset	\$148.07
L0978			Axillary crutch extension	\$155.20
L0980			Peroneal straps, pair	\$14.05
L0982			Stocking supporter grips, set of four (4)	\$13.10
L0984	Y		Protective body sock, each	\$51.71
L0999	Y		Addition to spinal orthosis, not otherwise specified	B.R.
L1000	Y*	Y	CTLTO (Milwaukee), inclusive of furnishing initial orthosis, including model	\$1,839.16
L1010		Y	Addition to CTLTO or scoliosis orthosis, axilla sling	\$52.65
L1020		Y	Addition to CTLTO or scoliosis orthosis, kyphosis pad	\$77.20
L1025		Y	Addition to CTLTO or scoliosis orthosis, kyphosis pad, floating	\$94.32
L1030		Y	Addition to CTLTO or scoliosis orthosis, lumbar bolster pad	\$49.42
L1040		Y	Addition to CTLTO or scoliosis orthosis, lumbar or lumbar rib pad	\$72.99

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L1050		Y	Addition to CTLSO or scoliosis orthosis, sternal pad	\$77.51
L1060		Y	Addition to CTLSO or scoliosis orthosis, thoracic pad	\$85.24
L1070		Y	Addition to CTLSO or scoliosis orthosis, trapezius sling	\$77.03
L1080		Y	Addition to CTLSO or scoliosis orthosis, outrigger	\$47.62
L1085		Y	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	\$124.30
L1090		Y	Addition to CTLSO or scoliosis orthosis, lumbar sling	\$75.18
L1100		Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	\$136.61
L1110	Y*	Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	\$226.07
L1120	Y*	Y	Addition to CTLSO or scoliosis orthosis, cover for upright, each	\$37.18
L1200	Y*	Y	TLSO, inclusive of furnishing initial orthosis only	\$1,580.12
L1210		Y	Addition to TLSO, (low profile), lateral thoracic extension	\$197.91
L1220		Y	Addition to TLSO, (low profile), anterior thoracic extension	\$204.98
L1230		Y	Addition to TLSO, (low profile), Milwaukee type superstructure	\$429.95

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L1240		Y	Addition to TLSO, (low profile), lumbar derotation pad	\$62.77
L1250		Y	Addition to TLSO, (low profile), anterior ASIS pad	\$57.41
L1260		Y	Addition to TLSO, (low profile), anterior thoracic derotation pad	\$60.61
L1270		Y	Addition to TLSO, (low profile), abdominal pad	\$58.60
L1280		Y	Addition to TLSO, (low profile), rib gusset (elastic), each	\$67.88
L1290		Y	Addition to TLSO, (low profile), lateral trochanteric pad	\$60.73
L1300	Y*	Y	Other scoliosis procedure, body jacket molded to patient model	\$1,277.71
L1310	Y*	Y	Other scoliosis procedures, postoperative body jacket	\$1,431.13
L1499	Y	Y	Spinal orthosis, not otherwise specified	B.R.
L1500	Y		THKAO, mobility frame (Newington, Parapodium types)	\$1,678.18
L1510			THKAO, standing frame; limit of one per client every 5 years	\$1,069.03
L1520	Y		THKAO, swivel walker	\$2,086.89
L1600			HO, abduction control of hip joints, flexible, Frejka type, with cover, prefabricated, includes fitting and adjustment	\$97.47
L1610			HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	\$33.20

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L1620			HO, abduction control of hip joints, flexible, (Pavlik Harness), prefabricated, includes fitting and adjustment	\$106.77
L1630		Y	HO, abduction control of hip joints, semi-flexible (Von Rosen type), prefabricated, includes fitting and adjustment	\$138.43
L1640		Y	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	\$365.11
L1650			HO, abduction control of hip joints, static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment	\$175.12
L1660			HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	\$140.27
L1680		Y	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	\$1,228.76
L1685		Y	HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated	\$899.68
L1686		Y	HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	\$699.62
L1690	Y	Y	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	\$1,526.73
L1700	Y	Y	Legg Perthes orthosis (Toronto type), custom fabricated	\$1,242.24

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L1710	Y	Y	Legg Perthes orthosis (Newington type), custom fabricated	\$1,502.99
L1720	Y	Y	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	\$1,048.47
L1730		Y	Legg Perthes orthosis (Scottish Rite type), custom fabricated	\$894.57
L1750			Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	\$148.81
L1755	Y	Y	Legg Perthes orthosis (Patten bottom type), custom fabricated	\$1,197.50
L1800			KO, elastic with stays, prefabricated, includes fitting and adjustment	\$51.07
L1810			KO, elastic with joints, prefabricated, includes fitting and adjustment	\$86.24
L1815			KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	\$88.90
L1820			KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment	\$109.10
L1825			KO, elastic knee cap, prefabricated, includes fitting and adjustment	\$48.58
L1830			KO, Immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	\$84.56
L1832			KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment	\$459.85
L1834	Y	Y	KO, without knee joints, rigid, custom fabricated	\$587.13

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L1840			KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	\$804.48
L1843			KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment	\$708.41
L1844	Y		KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated	\$1,591.33
L1845			KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment	\$642.04
L1846	Y		KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated	\$997.37
L1847			KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	\$454.10
L1850			KO, Swedish type, prefabricated, includes fitting and adjustment	\$243.12
L1855	Y	Y	KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	\$868.19
L1858	Y	Y	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	\$1,004.38
L1860	Y	Y	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	\$992.32
L1870	Y	Y	KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	\$880.47

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L1880		Y	KO, double upright, nonmolded thigh and calf cuffs/lacers with knee joints, custom fabricated	\$713.80
L1885			KO, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment	\$816.99
L1900		Y	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	\$224.95
L1902			AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	\$74.04
L1904		Y	AFO, molded ankle gauntlet, custom fabricated	\$355.68
L1906			AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	\$90.96
L1910			AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	\$255.85
L1920		Y	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	\$338.92
L1930			AFO, plastic, prefabricated, includes fitting and adjustment	\$208.97
L1940		Y	AFO, plastic, custom fabricated	\$401.82
L1945	Y	Y	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	\$790.07
L1950	Y	Y	AFO, spiral, (IRM type), plastic, custom fabricated	\$751.16
L1960		Y	AFO, posterior solid ankle, plastic, custom fabricated	\$419.24

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L1970		Y	AFO, plastic, with ankle joint, custom fabricated	\$559.49
L1980		Y	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar “BK” orthosis), custom fabricated	\$355.03
L1990		Y	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar “BK” orthosis), custom fabricated	\$428.98
L2000		Y	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar “AK” orthosis), custom fabricated	\$1,022.89
L2010		Y	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar “AK” orthosis), without knee joint, custom fabricated	\$923.37
L2020		Y	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar “AK” orthosis), custom fabricated	\$1,177.55
L2030		Y	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar “AK” orthosis), without knee joint, custom fabricated	\$1,014.13
L2035			KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment	\$142.08
L2036	Y	Y	KAFO, full plastic, double upright, free knee, custom fabricated	\$1,810.34
L2037	Y	Y	KAFO, full plastic, single upright, free knee, custom fabricated	\$1,493.50
L2038	Y	Y	KAFO, full plastic, without knee joint, multiaxis ankle, (Lively orthosis or equal), custom fabricated	\$1,258.13

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L2039	Y	Y	KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated	\$1,754.62
L2040		Y	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	\$172.82
L2050		Y	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	\$365.41
L2060		Y	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	\$517.37
L2070		Y	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	\$101.72
L2080		Y	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	\$313.61
L2090		Y	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	\$442.21
L2102		Y	AFO, fracture orthosis, tibial fracture cast orthosis, plaster type casting material, custom fabricated	\$407.62
L2104		Y	AFO, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, custom fabricated	\$497.76
L2106		Y	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	\$530.07
L2108	Y	Y	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	\$906.40

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L2112			AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	\$365.87
L2114			AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	\$448.97
L2116			AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	\$538.46
L2122		Y	KAFO, fracture orthosis, femoral fracture cast orthosis, plaster type casting material, custom fabricated	\$620.34
L2124		Y	KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, custom fabricated	\$740.94
L2126	Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	\$905.71
L2128	Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	\$1,729.27
L2132			KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	\$610.14
L2134			KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	\$765.00
L2136			KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	\$894.47
L2180			Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	\$88.58

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L2182			Addition to lower extremity fracture orthosis, drop lock knee joint	\$81.52
L2184			Addition to lower extremity fracture orthosis, limited motion knee joint	\$93.69
L2186			Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	\$131.10
L2188			Addition to lower extremity fracture orthosis, quadrilateral brim	\$245.45
L2190			Addition to lower extremity fracture orthosis, waist belt	\$66.05
L2192			Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	\$269.69
L2200			Addition to lower extremity, limited ankle motion, each joint	\$47.95
L2210			Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	\$53.29
L2220			Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	\$73.22
L2230			Addition to lower extremity, split flat caliper stirrups and plate attachment	\$71.26
L2240			Addition to lower extremity, round caliper and plate attachment	\$63.86
L2250			Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	\$358.35
L2260			Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	\$151.62
L2265			Addition to lower extremity, long tongue stirrup	\$89.07

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L2270			Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	\$54.16
L2275			Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	\$118.30
L2280		Y	Addition to lower extremity, molded inner boot	\$343.01
L2300			Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	\$253.90
L2310			Addition to lower extremity, abduction bar, straight	\$124.07
L2320			Addition to lower extremity, nonmolded lacer	\$198.80
L2330		Y	Addition to lower extremity, lacer molded to patient model	\$351.36
L2335			Addition to lower extremity, anterior swing band	\$188.12
L2340		Y	Addition to lower extremity, pretibial shell, molded to patient model	\$417.44
L2350		Y	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	\$760.34
L2360			Addition to lower extremity, extended steel shank	\$52.18
L2370			Addition to lower extremity, Patten bottom	\$207.48
L2375			Addition to lower extremity, torsion control, ankle joint and half solid stirrup	\$85.46
L2380			Addition to lower extremity, torsion control, straight knee joint, each joint	\$94.80

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L2385			Addition to lower extremity, straight knee joint, heavy duty, each joint	\$101.31
L2390			Addition to lower extremity, offset knee joint, each joint	\$82.79
L2395			Addition to lower extremity, offset knee joint, heavy duty, each joint	\$118.34
L2397			Addition to lower extremity orthosis, suspension sleeve	\$99.96
L2405			Addition to knee joint, drop lock, each joint	\$68.82
L2415			Addition to knee joint, cam lock (Swiss, French, ball types) each joint	\$95.89
L2425			Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	\$113.18
L2430			Addition to knee joint, ratchet lock for active and progressive extension, each joint	\$113.18
L2435			Addition to knee joint, polycentric joint, each joint	\$153.60
L2492			Addition to knee joint, lift loop for drop lock ring	\$79.98
L2500			Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	\$256.19
L2510		Y	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	\$624.96
L2520			Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	\$368.18

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L2525	Y	Y	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	\$981.46
L2526			Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	\$690.75
L2530			Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	\$185.56
L2540		Y	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	\$403.35
L2550			Addition to lower extremity, thigh/weight bearing, high roll cuff	\$237.03
L2570			Addition to lower extremity, pelvic control, hip joint Clevis type, two position joint, each	\$371.13
L2580			Addition to lower extremity, pelvic control, pelvic sling	\$414.87
L2600			Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	\$179.93
L2610			Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	\$216.85
L2620			Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	\$237.88
L2622			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	\$231.95
L2624			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	\$250.46

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L2627	Y	Y	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	\$1,296.62
L2628	Y		Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	\$1,689.60
L2630			Addition to lower extremity, pelvic control, band and belt, unilateral	\$197.84
L2640			Addition to lower extremity, pelvic control, band and belt, bilateral	\$308.33
L2650			Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	\$121.03
L2660			Addition to lower extremity, thoracic control, thoracic band	\$140.97
L2670			Addition to lower extremity, thoracic control, paraspinal uprights	\$133.39
L2680			Addition to lower extremity, thoracic control, lateral support uprights	\$118.36
L2750		Y	Addition to lower extremity orthosis, plating chrome or nickel, per bar	\$74.28
L2755		Y	Addition to lower extremity orthosis, carbon graphite lamination	\$103.16
L2760			Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	\$46.92
L2770		Y	Addition to lower extremity orthosis, any material, per bar or joint	\$46.70
L2780		Y	Addition to lower extremity orthosis, noncorrosive finish, per bar	\$68.25

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L2785			Addition to lower extremity orthosis, drop lock retainer, each	\$26.46
L2795			Addition to lower extremity orthosis, knee control, full kneecap	\$79.67
L2800			Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull	\$92.48
L2810			Addition to lower extremity orthosis, knee control, condylar pad	\$59.08
L2820		Y	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	\$65.68
L2830		Y	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	\$71.06
L2840			Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	\$33.05
L2850			Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	\$46.83
L2860			Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	#
L2999	Y	Y	Lower extremity orthoses, not otherwise specified	B.R.
L3000	Y		Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each	\$179.09
L3001			Foot insert, removable, molded to patient model, Spenco, each	#
L3002			Foot insert, removable, molded to patient model, Plastazote or equal, each	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3003			Foot insert, removable, molded to patient model, silicone gel, each	#
L3010			Foot insert, removable, molded to patient model, longitudinal arch support, each	#
L3020			Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	#
L3030	Y		Foot insert, removable, formed to patient foot, each.	\$89.54
L3040			Foot, arch support, removable, premolded, longitudinal, each	#
L3050			Foot, arch support, removable, premolded, metatarsal, each	#
L3060			Foot, arch support, removable, premolded longitudinal/metatarsal, each	#
L3070			Foot, arch support, nonremovable, attached to shoe, longitudinal, each	#
L3080			Foot, arch support, nonremovable, attached to shoe, metatarsal, each	#
L3090			Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	#
L3100			Hallus-Valgus night dynamic splint	\$60.07
L3140			Foot, abduction rotation bar, including shoes	\$119.94
L3150			Foot, abduction rotation bar, without shoes	\$59.96
L3160			Foot, adjustable shoe-styled positioning device	#
L3170	Y		Foot, plastic heel stabilizer	B.R.

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3201			Orthopedic shoe, oxford with supinator or pronator, infant	#
L3202			Orthopedic shoe, oxford with supinator or pronator, child	#
L3203			Orthopedic shoe, oxford with supinator or pronator, junior	#
L3204			Orthopedic shoe, hightop with supinator or pronator, infant	#
L3206			Orthopedic shoe, hightop with supinator or pronator, child	#
L3207			Orthopedic shoe, hightop with supinator or pronator, junior	#
L3208			Surgical boot, each, infant	#
L3209			Surgical boot, each, child	#
L3211			Surgical boot, each, junior	#
L3212			Benesch boot, pair, infant	#
L3213			Benesch boot, pair, child	#
L3214			Benesch boot, pair, junior	#
L3215	Y		Orthopedic footwear, woman's shoes, oxford	\$85.68
L3216			Orthopedic footwear, woman's shoes, depth inlay	#
L3217			Orthopedic footwear, woman's shoes, hightop, depth inlay	#
L3218			Orthopedic footwear, woman's surgical boot, each	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3219	Y		Orthopedic footwear, man's shoes, oxford	\$98.55
3220L	Y		Orthopedic shoe, custom manufactured, each	\$282.30
L3221			Orthopedic footwear, man's shoes, depth inlay	#
L3222			Orthopedic footwear, man's shoes, hightop, depth inlay	#
L3223			Orthopedic footwear, man's surgical boot, each	#
L3224			Orthopedic footwear, woman's shoe, oxford, used as an integral part of brace (orthosis)	#
L3225			Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	#
L3230			Orthopedic footwear, custom shoes, depth inlay	#
L3250			Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	#
L3251			Foot, shoe molded to patient model, silicone shoe, each	#
L3252			Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	#
L3253			Foot, molded shoe Plastazote (or similar), custom fitted, each	#
L3254			Nonstandard size or width	#
L3255			Nonstandard size or length	#
L3257			Orthopedic footwear, additional charge for split size	#
L3260			Ambulatory surgical boot, each	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3265			Plastazote sandal, each	#
3300L	Y		Lift, elevation, heel & sole, per inch	\$67.74
L3300			Lift, elevation, heel, tapered to metatarsals, per inch	#
L3310			Lift, elevation, heel and sole, neoprene, per inch	#
L3320			Lift, elevation, heel and sole, cork, per inch	#
L3330			Lift, elevation, metal extension (skate)	#
L3332			Lift, elevation, inside shoe, tapered, up to one-half inch	#
L3334	Y		Lift, elevation, heel, per inch	\$49.82
L3340	Y		Heel wedge, SACH	\$50.81
L3350	Y		Heel wedge	\$28.23
L3360	Y		Sole wedge, outside sole	\$50.81
L3370			Sole wedge, between sole	#
L3380			Clubfoot wedge	#
L3390			Outflare wedge	#
L3400	Y		Metatarsal bar wedge, rocker	\$62.10
L3410	Y		Metatarsal bar wedge, between sole	\$50.81
L3420	Y		Full sole and heel wedge, between sole	\$62.10
L3430			Heel, counter, plastic reinforced	#
L3440			Heel, counter, leather reinforced	#
L3450			Heel, SACH cushion type	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3455			Heel, new leather, standard	#
L3460			Heel, new rubber, standard	#
L3465			Heel, Thomas with wedge	#
L3470			Heel, Thomas extended to ball	#
L3480			Heel, pad and depression for spur	#
L3485			Heel, pad, removable for spur	#
L3500			Orthopedic shoe addition, insole, leather	#
L3510			Orthopedic shoe addition, insole, rubber	#
L3520			Orthopedic shoe addition, insole, felt covered with leather	#
L3530			Orthopedic shoe addition, sole, half	#
L3540			Orthopedic shoe addition, sole, full	#
L3550			Orthopedic shoe addition, toe tap, standard	#
L3560			Orthopedic shoe addition, toe tap, horseshoe	#
L3570			Orthopedic shoe addition, special extension to instep (leather with eyelets)	#
L3580			Orthopedic shoe addition, convert instep to velcro closure	#
L3590			Orthopedic shoe addition, convert firm shoe counter to soft counter	#
L3595			Orthopedic shoe addition, March bar	#
L3600			Transfer of an orthosis from one shoe to another, caliper plate, existing	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3610			Transfer of an orthosis from one shoe to another, caliper plate, new	#
L3620			Transfer of an orthosis from one shoe to another, solid stirrup, existing. (One in a 12-month period allowed without prior authorization)	\$115.10
L3630			Transfer of an orthosis from one shoe to another, solid stirrup, new	#
L3640			Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	#
L3649			Orthopedic shoe, modification, addition or transfer, not otherwise specified	#
L3650			SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	\$46.78
L3660			SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	\$76.07
L3670			SO, acromio/clavicular (canvas and webbing type) , prefabricated, includes fitting and adjustment	\$86.99
L3675			SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	#
L3700			EO, elastic with stays, prefabricated, includes fitting and adjustment	\$58.34
L3710			EO, elastic with metal joints, prefabricated, includes fitting and adjustment	\$91.50
L3720			EO, double upright with forearm/arm cuffs, free motion, custom fabricated	\$578.23

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3730	Y	Y	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	\$777.95
L3740	Y	Y	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	\$794.14
L3760			Elbow orthosis, with adjustable position, locking joints, prefabricated, includes fitting and adjustment, any type	\$359.34
L3800		Y	WHFO, short opponens, no attachments, custom fabricated	\$196.77
L3805		Y	WHFO, long opponens, no attachments, custom fabricated	\$242.68
L3807			WHFO without joint(s), prefabricated, includes fitting and adjustment, any type	#
L3810		Y	WHFO, addition to short and long opponens, thumb abduction ("C") Bar	\$47.96
L3815		Y	WHFO, addition to short and long opponens, second M.P. abduction assist	\$44.53
L3820		Y	WHFO, addition to short and long opponens, I.P. extension assist, with M. P. extension stop	\$76.49
L3825		Y	WHFO, addition to short and long opponens, M.P. extension stop	\$49.66
L3830		Y	WHFO, addition to short and long opponens, M.P. extension assist	\$64.10
L3835		Y	WHFO, addition to short and long opponens, M.P. spring extension assist	\$90.57
L3840		Y	WHFO, addition to short and long opponens, spring swivel thumb	\$46.52

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3845		Y	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	\$68.31
L3850		Y	WHO, addition to short and long opponens, action wrist, with dorsiflexion assist	\$85.83
L3855		Y	WHFO, addition to short and long opponens, adjustable M.P. flexion control	\$86.52
L3860		Y	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	\$118.42
L3890			Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	#
L3900		Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	\$1,077.87
L3901	Y	Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	\$1,332.58
L3902	Y	Y	WHFO, external powered, compressed gas, custom fabricated	\$1,860.26
L3904	Y	Y	WHFO, external powered, electric, custom fabricated	\$2,167.45
L3906		Y	WHO, wrist gauntlet, molded to patient model, custom fabricated	\$306.72
L3907		Y	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	\$375.97
L3908			WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustments	\$59.13

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3910			WHFO, Swanson design, prefabricated, includes fitting and adjustments	\$277.62
L3912			HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustments	\$93.59
L3914			WHO, wrist extension cock-up, prefabricated, includes fitting and adjustments	\$73.56
L3916			WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustments	\$99.68
L3918			HFO, knuckle bender, prefabricated, includes fitting and adjustments	\$63.05
L3920			HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustments	\$82.77
L3922			HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustments	\$96.50
L3923			HFO, without joint(s), prefabricated, includes fitting and adjustments, any type	\$27.96
L3924			WHFO, Oppenheimer, prefabricated, includes fitting and adjustments	\$105.22
L3926			WHFO, Thomas suspension, prefabricated, includes fitting and adjustments	\$73.03
L3928			HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustments	\$46.97
L3930			WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustments	\$45.54
L3932			FO, safety pin, spring wire, prefabricated, includes fitting and adjustments	\$40.25

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3934			FO, safety pin, modified, prefabricated, includes fitting and adjustments	\$47.55
L3936			WHFO, Palmer, prefabricated, includes fitting and adjustments	\$87.95
L3938			WHFO, dorsal wrist, prefabricated, includes fitting and adjustments	\$90.47
L3940			WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustments	\$106.09
L3942			HFO, reverse knuckle bender, prefabricated, includes fitting and adjustments	\$57.52
L3944			HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustments	\$77.82
L3946			HFO, composite elastic, prefabricated, includes fitting and adjustments	\$87.45
L3948			FO, finger knuckle bender, prefabricated, includes fitting and adjustments	\$41.14
L3950			WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustments	\$130.26
L3952			WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustments	\$164.25
L3954			HFO, spreading hand, prefabricated, includes fitting and adjustments	\$89.89
L3956	Y	Y	Addition of joint to upper extremity orthosis, any material; per joint	B.R.
L3960			SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustments	\$611.64

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3962			SEWHO, abduction positioning, Erb's palsey design, prefabricated, includes fitting and adjustments	\$660.96
L3963	Y	Y	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated	\$1,234.78
L3964			SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustments	#
L3965			SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustments	#
L3966			SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustments	#
L3968			SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustments	#
L3969	Y		SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustments	\$670.56
L3970			SEO, addition to mobile arm support, elevating proximal arm	\$246.09
L3972			SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	\$144.98
L3974			SEO, addition to mobile arm support, supinator	\$144.67
L3980			Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustments	\$228.81

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L3982			Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustments	\$276.30
L3984			Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustments	\$265.89
L3985		Y	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	\$471.34
L3986		Y	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example: Colles' fracture), custom fabricated	\$455.93
L3995			Addition to upper extremity orthosis, sock, fracture or equal, each	\$26.87
L3999	Y	Y	Upper limb orthosis, not otherwise specified	B.R.
L4000	Y	Y	Replace girdle for Milwaukee orthosis	\$1,095.61
L4010		Y	Replace trilateral socket brim	\$605.35
L4020		Y	Replace quadrilateral socket brim, molded to patient model	\$724.78
L4030		Y	Replace quadrilateral socket brim, custom fitted	\$499.76
L4040		Y	Replace molded thigh lacer	\$411.66
L4045		Y	Replace nonmolded thigh lacer	\$250.28
L4050		Y	Replace molded calf lacer	\$376.22
L4055		Y	Replace nonmolded calf lacer	\$205.12
L4060		Y	Replace high roll cuff	\$305.61
L4070		Y	Replace proximal and distal upright for KAFO	\$241.94
L4080		Y	Replace metal bands KAFO, proximal thigh	\$90.61

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L4090		Y	Replace metal bands KAFO–AFO, calf or distal thigh	\$90.99
L4100		Y	Replace leather cuff KAFO, proximal thigh	\$105.19
L4110		Y	Replace leather cuff KAFO–AFO, calf or distal thigh	\$85.52
L4130		Y	Replace pretibial shell	\$500.34
L4205	Y	Y	Repair of orthotic device, labor component, per 15 minutes	\$17.57
L4210	Y	Y	Repair of orthotic device, repair or replace minor parts	B.R.
L4350			Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$74.45
L4360	Y		Pneumatic walking splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$279.24
L4370	Y		Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$190.39
L4380			Pneumatic knee splint (e.g., aircast), prefabricated, includes fitting and adjustments	\$104.19
L4392			Replacement soft interface material, static AFO	#
L4394			Replace soft interface material, foot drop splint	#
L4396	Y		Static AFO, including soft interface material for position, pressure reduction, may be used for minimum ambulation	\$130.28
L4398			Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	#
L5000		Y	Partial foot, shoe insert with longitudinal arch, toe filler	\$407.14

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5010		Y	Partial foot, molded socket, ankle height, with toe filler	\$981.02
L5020		Y	Partial foot, molded socket, tibial tubercle height, with toe filler	\$1,819.32
L5050		Y	Ankle, Symes, molded socket, SACH Foot	\$2,172.15
L5060	Y	Y	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	\$2,882.40
L5100		Y	Below knee, molded socket, shin, SACH foot	\$2,251.46
L5105	Y	Y	Below knee, plastic socket, joints and thigh lacer, SACH foot	\$3,177.56
L5150	Y	Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	\$3,285.57
L5160	Y	Y	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	\$4,008.49
L5200		Y	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	\$3,282.43
L5210		Y	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	\$2,607.14
L5220	Y	Y	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each	\$2,963.49
L5230	Y	Y	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	\$3,963.49
L5250	Y	Y	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	\$5,157.69

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5270	Y	Y	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	\$5,525.81
L5280	Y	Y	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	\$5,470.55
L5300		Y	Below knee, molded socket, SACH foot, endoskeletal system, including soft cover and finishing	\$2,748.94
L5310		Y	Knee disarticulation (or through knee), molded socket, SACH foot endoskeletal system, including soft cover and finishing	\$4,380.02
L5320		Y	Above knee, molded socket, open end, SACH foot, endo-skeletal system, single axis knee, including soft cover and finishing	\$4,294.24
L5330		Y	Hip disarticulation, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing	\$6,084.95
L5340		Y	Hemipelvectomy, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing	\$6,301.33
L5400			Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	\$1,077.61
L5410		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	\$414.22

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5420		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change “AK” or knee disarticulation	\$1,301.59
L5430		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, “AK” or knee disarticulation, each additional cast change and realignment	\$406.27
L5450		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	\$355.53
L5460		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	\$470.75
L5500		Y	Initial, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	\$1,034.93
L5505	Y	Y	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	\$1,401.56
L5510		Y	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model (Limit one per client per lifetime per limb).	\$1,271.19
L5520		Y	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed (Limit one per client per lifetime per limb).	\$1,158.80
L5530	Y	Y	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	\$1,617.12

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5535	Y	Y	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket.	\$1,670.36
L5540	Y	Y	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	\$1,782.88
L5560	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	\$1,741.79
L5570	Y	Y	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	\$1,832.02
L5580	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	\$2,098.70
L5585	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	\$2,326.08
L5590	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	\$2,036.38
L5595	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	\$3,637.60
L5600	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	\$4,584.93

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5610	Y	Y	Addition to lower extremity, endoskeletal system, above knee, hydracandence system	\$2,140.35
L5611	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control	\$1,421.68
L5613	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control	\$1,974.80
L5614	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control	\$1,334.88
L5616		Y	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	\$1,094.42
L5617		Y	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	\$442.62
L5618		Y	Addition to lower extremity, test socket, Symes	\$251.72
L5620		Y	Addition to lower extremity, test socket, below knee	\$239.03
L5622		Y	Addition to lower extremity, test socket, knee disarticulation	\$337.10
L5624		Y	Addition to lower extremity, test socket, above knee	\$303.49
L5626		Y	Addition to lower extremity, test socket, hip disarticulation	\$440.63
L5628		Y	Addition to lower extremity, test socket, hemipelvectomy	\$487.20
L5629		Y	Addition to lower extremity, below knee, acrylic socket	\$256.09

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5630		Y	Addition to lower extremity, Symes type, expandable wall socket	\$408.10
L5631		Y	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	\$354.05
L5632		Y	Addition to lower extremity, Symes type, "PTB" brim design socket	\$238.56
L5634		Y	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	\$284.20
L5636		Y	Addition to lower extremity, Symes type, medial opening socket	\$253.30
L5637		Y	Addition to lower extremity, below knee, total contact	\$239.90
L5638	Y	Y	Addition to lower extremity, below knee, leather socket	\$444.56
L5639	Y	Y	Addition to lower extremity, below knee, wood socket	\$1,018.26
L5640	Y	Y	Addition to lower extremity, knee disarticulation, leather socket	\$674.40
L5642	Y	Y	Addition to lower extremity, above knee, leather socket	\$665.67
L5643	Y	Y	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	\$1,439.79
L5644	Y	Y	Addition to lower extremity, above knee, wood socket	\$531.41
L5645	Y	Y	Addition to lower extremity, below knee, flexible inner socket, external frame	\$642.95
L5646	Y	Y	Addition to lower extremity, below knee, air cushion socket	\$472.62

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5647	Y	Y	Addition to lower extremity, below knee, suction socket	\$640.99
L5648	Y	Y	Addition to lower extremity, above knee, air cushion socket	\$530.53
L5649		Y	Addition to lower extremity, ischial containment/narrow M-L socket	\$1,621.74
L5650		Y	Addition to lower extremity, total contact, above knee or knee disarticulation socket	\$462.44
L5651		Y	Addition to lower extremity, above knee, flexible inner socket, external frame	\$967.71
L5652		Y	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	\$351.32
L5653		Y	Addition to lower extremity, knee disarticulation, expandable wall socket	\$576.40
L5654		Y	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$312.19
L5655		Y	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$279.73
L5656		Y	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$398.55
L5658	Y	Y	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$390.65
L5660	Y	Y	Addition to lower extremity, socket insert, Symes, silicone gel or equal	\$579.63

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5661	Y		Addition to lower extremity, socket insert, multidurometer, Symes	\$490.37
L5662	Y	Y	Addition to lower extremity, socket insert, below knee, silicone gel or equal	\$471.87
L5663	Y	Y	Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal	\$647.70
L5664	Y	Y	Addition to lower extremity, socket insert, above knee, silicone gel or equal	\$637.47
L5665		Y	Addition to lower extremity, socket insert, multidurometer, below knee	\$412.60
L5666		Y	Addition to lower extremity, below knee, cuff suspension	\$57.24
L5667	Y	Y	Addition to lower extremity, below knee/above knee, socket insert, suction suspension with locking mechanism	\$1,583.61
L5668		Y	Addition to lower extremity, below knee, molded distal cushion	\$90.41
L5669	Y	Y	Addition to lower extremity, below knee/above knee, socket insert, suction suspension without locking mechanism	\$1,014.98
L5670		Y	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	\$238.67
L5672		Y	Addition to lower extremity, below knee, removable medial brim suspension	\$260.02
L5674		Y	Addition to lower extremity, below knee, suspension sleeve, any material, each	\$51.50

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5675		Y	Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each	\$69.81
L5676		Y	Addition to lower extremity, below knee, knee joints, single axis, pair	\$340.16
L5677	Y	Y	Addition to lower extremity, below knee, knee joints, polycentric, pair	\$433.02
L5678		Y	Addition to lower extremity, below knee, joint covers, pair	\$38.14
L5680		Y	Addition to lower extremity, below knee, thigh lacer, nonmolded	\$285.70
L5682	Y	Y	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	\$509.48
L5684		Y	Addition to lower extremity, below knee, fork strap	\$51.71
L5686		Y	Addition to lower extremity, below knee, back check (extension control)	\$51.36
L5688		Y	Addition to lower extremity, below knee, waist belt, webbing	\$56.22
L5690		Y	Addition to lower extremity, below knee, waist belt, padded and lined	\$85.52
L5692		Y	Addition to lower extremity, above knee, pelvic control belt, light	\$125.66
L5694		Y	Addition to lower extremity, above knee, pelvic control belt, padded and lined	\$194.16
L5695		Y	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	\$131.42

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5696		Y	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	\$198.79
L5697		Y	Addition to lower extremity, above knee or knee disarticulation, pelvic band	\$86.25
L5698		Y	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	\$100.77
L5699		Y	All lower extremity prostheses, shoulder harness	\$198.08
L5700		Y	Replacement, socket, below knee, molded to patient model (Limit one per client per year).	\$2,942.33
L5701		Y	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model (Limit one per client per year).	\$3,575.54
L5702	Y	Y	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	\$4,281.41
L5704	Y	Y	Replacement, custom shaped protective cover, below knee	\$491.39
L5705	Y	Y	Replacement, custom shaped protective cover, above knee	\$806.70
L5706	Y	Y	Replacement, custom shaped protective cover, knee disarticulation	\$799.54
L5707	Y	Y	Replacement, custom shaped protective cover, hip disarticulation	\$1,136.59
L5710		Y	Addition, exoskeletal knee-shin system, single axis, manual lock	\$366.65
L5711		Y	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	\$496.36

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5712		Y	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	\$445.59
L5714		Y	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	\$337.05
L5716	Y	Y	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	\$587.30
L5718	Y	Y	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	\$734.07
L5722		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	\$854.71
L5724	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	\$1,294.23
L5726	Y	Y	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	\$1,566.29
L5728	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	\$2,084.53
L5780		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	\$922.57
L5785		Y	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	\$500.13
L5790		Y	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	\$602.18
L5795		Y	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium carbon fiber or equal)	\$865.19

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5810		Y	Addition, endoskeletal knee-shin system, single axis, manual lock	\$448.01
L5811		Y	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	\$587.69
L5812		Y	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	\$508.61
L5814	Y	Y	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	\$2,937.92
L5816		Y	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	\$685.29
L5818		Y	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	\$773.84
L5822		Y	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	\$1,372.21
L5824		Y	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	\$1,235.76
L5826	Y	Y	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	\$2,566.27
L5828	Y	Y	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	\$2,275.55
L5830	Y	Y	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	\$1,984.10
L5840	Y	Y	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	\$3,252.39

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5845			Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	#
L5846			Addition, endoskeletal knee-shin system, microprocessor control feature, swing phase only	#
L5850		Y	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	\$103.08
L5855		Y	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	\$331.81
L5910		Y	Addition, endoskeletal system, below knee, alignable system	\$291.84
L5920		Y	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	\$427.55
L5925		Y	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	\$351.43
L5930			Addition, endoskeletal system, high activity knee control frame	#
L5940	Y	Y	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	\$502.55
L5950	Y	Y	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	\$722.36
L5960	Y	Y	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	\$825.61
L5962	Y	Y	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	\$631.53

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5964	Y	Y	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	\$909.14
L5966	Y	Y	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	\$1,178.66
L5968	Y	Y	Addition to lower limb prosthesis, multiaxial ankle with swing phase action dorsiflexion feature	\$2,874.66
L5970	Y	Y	All lower extremity prostheses, foot, external keel, SACH foot	\$197.66
L5972		Y	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	\$315.90
L5974		Y	All lower extremity prostheses, foot, single axis ankle/foot	\$250.37
L5975		Y	All lower extremity prosthesis, combination single axis and flexible keel foot	\$366.73
L5976		Y	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	\$504.46
L5978		Y	All lower extremity prostheses, foot, multi-axial ankle/foot	\$285.10
L5979	Y	Y	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	\$2,428.91
L5980	Y	Y	All lower extremity prostheses, flex-foot system	\$3,266.75
L5981	Y	Y	All lower extremity prostheses, flex-walk system or equal	\$2,639.52
L5982	Y	Y	All exoskeletal lower extremity prostheses, axial rotation unit	\$615.76

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L5984	Y	Y	All endoskeletal lower extremity prostheses, axial rotation unit	\$582.14
L5985	Y	Y	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	\$223.38
L5986	Y	Y	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	\$616.13
L5987			All lower extremity prostheses, shank foot system with vertical loading pylon	#
L5988	Y	Y	Addition to lower limb prosthesis, vertical shock reducing pylon feature	\$1,580.32
L5999	Y	Y	Lower extremity prosthesis, not otherwise specified	B.R.
L6000	Y	Y	Partial hand, Robin-Aids, thumb remaining (or equal)	\$1,427.56
L6010	Y	Y	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	\$1,588.64
L6020	Y	Y	Partial hand, Robin-Aids, no finger remaining (or equal)	\$1,481.15
L6050		Y	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	\$1,749.49
L6055	Y	Y	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	\$2,612.25
L6100		Y	Below elbow, molded socket, flexible elbow hinge, triceps pad	\$1,884.42
L6110		Y	Below elbow, molded socket (Muenster or Northwestern suspension types)	\$1,921.99

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6120	Y	Y	Below elbow, molded double wall split socket, step-up hinges, half cuff	\$2,416.84
L6130	Y	Y	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	\$2,781.35
L6200		Y	Elbow disarticulation, molded socket, outside locking hinge, forearm	\$2,854.41
L6205	Y	Y	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	\$3,576.15
L6250		Y	Above elbow, molded double wall socket, internal locking elbow, forearm	\$2,661.94
L6300		Y	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	\$3,744.36
L6310	Y	Y	Shoulder disarticulation, passive restoration (complete prosthesis)	\$3,108.12
L6320	Y	Y	Shoulder disarticulation, passive restoration (shoulder cap only)	\$1,377.08
L6350	Y	Y	Intercapsular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	\$4,208.39
L6360	Y	Y	Intercapsular thoracic, passive restoration (complete prosthesis)	\$3,422.20
L6370	Y	Y	Intercapsular thoracic, passive restoration (shoulder cap only)	\$1,636.66
L6380		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	\$1,101.91

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6382		Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	\$1,297.21
L6384		Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	\$1,642.27
L6386		Y	Immediate postsurgical or early fitting, each additional cast change and realignment	\$371.97
L6388		Y	Immediate postsurgical or early fitting, application of rigid dressing only	\$408.84
L6400		Y	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$2,086.23
L6450	Y	Y	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$2,832.02
L6500		Y	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$2,864.38
L6550		Y	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$3,831.73
L6570		Y	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	\$4,271.27

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6580	Y	Y	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, molded to patient model	\$1,451.53
L6582	Y	Y	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, direct formed	\$1,153.50
L6584	Y	Y	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	\$1,959.87
L6586	Y	Y	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	\$1,675.00
L6588	Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	\$2,836.11
L6590	Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	\$2,613.25
L6600		Y	Upper extremity additions, polycentric hinge, pair	\$163.77

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6605		Y	Upper extremity additions, single pivot hinge, pair	\$154.51
L6610		Y	Upper extremity additions, flexible metal hinge, pair	\$140.92
L6615		Y	Upper extremity addition, disconnect locking wrist unit	\$172.21
L6616		Y	Upper extremity addition, additional disconnect insert for locking wrist unit, each	\$62.76
L6620		Y	Upper extremity addition, flexion-friction wrist unit	\$269.74
L6623	Y	Y	Upper extremity addition, spring assisted rotational wrist unit with latch release	\$580.26
L6625	Y	Y	Upper extremity addition, rotational wrist unit with cable lock	\$496.26
L6628		Y	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	\$466.04
L6629		Y	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	\$118.11
L6630		Y	Upper extremity addition, stainless steel, any wrist	\$173.67
L6632		Y	Upper extremity addition, latex suspension sleeve, each	\$52.36
L6635		Y	Upper extremity addition, lift assist for elbow	\$152.25
L6637	Y	Y	Upper extremity addition, nudge control elbow lock	\$350.13
L6640	Y	Y	Upper extremity additions, shoulder abduction joint, pair	\$277.60

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6641	Y	Y	Upper extremity addition, excursion amplifier, pulley type	\$138.37
L6642	Y	Y	Upper extremity addition, excursion amplifier, lever type	\$187.15
L6645		Y	Upper extremity addition, shoulder flexion-abduction joint, each	\$319.46
L6650		Y	Upper extremity addition, shoulder universal joint, each	\$275.51
L6655		Y	Upper extremity addition, standard control cable, extra	\$80.70
L6660		Y	Upper extremity addition, heavy duty control cable	\$85.45
L6665		Y	Upper extremity addition, Teflon, or equal, cable lining	\$39.73
L6670		Y	Upper extremity addition, hook to hand, cable adapter	\$41.09
L6672		Y	Upper extremity addition, harness, chest or shoulder, saddle type	\$155.98
L6675		Y	Upper extremity addition, harness, figure of eight type, for single control	\$96.77
L6676		Y	Upper extremity addition, harness, figure of eight type, for dual control	\$118.97
L6680		Y	Upper extremity addition, test socket, wrist disarticulation or below elbow	\$191.70
L6682		Y	Upper extremity addition, test socket, elbow disarticulation or above elbow	\$243.88
L6684		Y	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	\$373.71

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6686		Y	Upper extremity addition, suction socket	\$535.75
L6687		Y	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	\$464.80
L6688		Y	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	\$569.16
L6689	Y	Y	Upper extremity addition, frame type socket, shoulder disarticulation	\$696.62
L6690	Y	Y	Upper extremity addition, frame type socket, interscapular-thoracic	\$738.78
L6691	Y	Y	Upper extremity addition, removable insert, each	\$319.60
L6692	Y	Y	Upper extremity addition, silicone gel insert or equal, each	\$450.63
L6693	Y	Y	Upper extremity addition, external locking elbow, forearm counterbalance	\$2,245.83
L6700		Y	Terminal device, hook, Dorrance or equal, model #3	\$476.07
L6705		Y	Terminal device, hook, Dorrance or equal, model #5	\$266.83
L6710		Y	Terminal device, hook, Dorrance or equal, model #5X	\$320.11
L6715		Y	Terminal device, hook, Dorrance or equal, model #5XA	\$316.66
L6720	Y	Y	Terminal device, hook, Dorrance or equal, model #6	\$687.45
L6725		Y	Terminal device, hook, Dorrance or equal, model #7	\$352.73

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6730		Y	Terminal device, hook, Dorrance or equal, model #7LO	\$566.32
L6735		Y	Terminal device, hook, Dorrance or equal, model #8	\$299.99
L6740		Y	Terminal device, hook, Dorrance or equal, model #8X	\$355.47
L6745		Y	Terminal device, hook, Dorrance or equal, model #88X	\$325.54
L6750		Y	Terminal device, hook, Dorrance or equal, model #10P	\$337.92
L6755		Y	Terminal device, hook, Dorrance or equal, model #10X	\$337.85
L6765		Y	Terminal device, hook, Dorrance or equal, model #12P	\$346.06
L6770		Y	Terminal device, hook, Dorrance or equal, model #99X	\$338.29
L6775		Y	Terminal device, hook, Dorrance or equal, model #555	\$367.54
L6780		Y	Terminal device, hook, Dorrance or equal, model #SS555	\$408.22
L6790		Y	Terminal device, hook, Accu hook or equal	\$364.12
L6795	Y	Y	Terminal device, hook, 2 load or equal	\$1,147.10
L6800	Y	Y	Terminal device, hook, APRL VC or equal	\$906.27
L6805		Y	Terminal device, modifier wrist flexion unit	\$340.82
L6806	Y	Y	Terminal device, hook, TRS Grip, Grip III, VC, or equal	\$1,279.40

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6807	Y	Y	Terminal device, hook, Grip I, Grip II, VC, or equal	\$1,144.88
L6808	Y	Y	Terminal device, hook, TRS Adept, infant or child, VC, or equal	\$986.11
L6809	Y	Y	Terminal device, hook, TRS Super Sport, passive	\$298.99
L6810	Y	Y	Terminal device, pincher tool, Otto Bock or equal	\$161.27
L6825	Y	Y	Terminal device, hand, Dorrance, VO	\$982.61
L6830	Y	Y	Terminal device, hand, APRL, VC	\$1,258.32
L6835	Y	Y	Terminal device, hand, Sierra, VO	\$1,141.47
L6840	Y	Y	Terminal device, hand, Becker Imperial	\$753.18
L6845	Y	Y	Terminal device, hand, Becker Lock Grip	\$713.13
L6850	Y	Y	Terminal device, hand, Becker Plylite	\$629.14
L6855	Y	Y	Terminal device, hand, Robin-Aids, VO	\$731.66
L6860	Y	Y	Terminal device, hand, Robin-Aids, VO soft	\$598.45
L6865	Y	Y	Terminal device, hand, passive hand	\$266.33
L6867	Y	Y	Terminal device, hand, Detroit Infant Hand (mechanical)	\$989.99
L6868		Y	Terminal device, hand, passive infant hand, Steeper, Hosmer or equal	\$223.16
L6870		Y	Terminal device, hand, child mitt	\$216.40
L6872	Y	Y	Terminal device, hand, NYU child hand	\$823.18

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6873	Y	Y	Terminal device, hand, mechanical infant hand, Steeper or equal	\$376.95
L6875	Y	Y	Terminal device, hand, Bock, VC	\$755.39
L6880		Y	Terminal device, hand, Bock, VO	\$477.70
L6890		Y	Terminal device, glove for above hands, production glove	\$149.63
L6895	Y	Y	Terminal device, glove for above hands, custom glove	\$499.56
L6900	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	\$1,564.67
L6905	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	\$1,577.46
L6910	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	\$1,294.68
L6915	Y	Y	Hand restoration (shading and measurements included), replacement glove for above	\$585.11
L6920	Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$6,270.28
L6925	Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$6,857.45

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6930	Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$6,803.18
L6935	Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$7,189.99
L6940	Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$8,145.33
L6945	Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$9,024.98
L6950	Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$8,507.55
L6955	Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$9,624.20
L6960	Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$10,481.85

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L6965	Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$11,836.96
L6970	Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	\$11,752.67
L6975	Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	\$12,877.20
L7010	Y	Y	Electronic hand, Otto Bock, Steeper or equal, switch controlled	\$2,972.06
L7015	Y	Y	Electronic hand, System Teknik, Variety Village or equal, switch controlled	\$4,891.36
L7020	Y	Y	Electronic greifer, Otto Bock or equal, switch controlled	\$2,906.29
L7025	Y	Y	Electronic hand, Otto Bock or equal, myoelectronically controlled	\$2,806.29
L7030	Y	Y	Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled	\$4,859.72
L7035	Y	Y	Electronic greifer, Otto Bock or equal, myoelectronically controlled	\$3,047.76
L7040	Y	Y	Prehensile actuator, Hosmer or equal, switch controlled	\$2,427.14

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L7045	Y	Y	Electronic hook, child, Michigan or equal, switch controlled	\$1,302.46
L7170	Y	Y	Electronic elbow, Hosmer or equal, switch controlled	\$4,920.35
L7180	Y	Y	Electronic elbow, Boston, Utah or equal, myoelectronically controlled	\$29,522.96
L7185	Y	Y	Electronic elbow, adolescent, Variety Village or equal, switch controlled	\$5,168.23
L7186	Y	Y	Electronic elbow, child, Variety Village or equal, switch controlled	\$7,127.82
L7190	Y	Y	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	\$6,420.50
L7191	Y	Y	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	\$7,448.15
L7260	Y	Y	Electronic wrist rotator, Otto Bock or equal	\$1,828.99
L7261	Y	Y	Electronic wrist rotator, for Utah arm	\$3,833.32
L7266	Y	Y	Servo control, Steeper or equal	\$797.81
L7272	Y	Y	Analogue control, UNB or equal	\$1,921.23
L7274	Y	Y	Proportional control, 6-12 volt, Liberty, Utah or equal	\$5,732.18
L7360	Y	Y	Six volt battery, Otto Bock or equal, each	\$213.87
L7362	Y	Y	Battery charger, six volt, Otto Bock or equal	\$221.68
L7364	Y	Y	Twelve volt battery, Utah or equal, each	\$419.90
L7366	Y	Y	Battery charger, twelve volt, Utah or equal	\$542.74

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L7499	Y	Y	Upper extremity prosthesis, not otherwise specified	B.R.
L7500	Y	Y	Repair of prosthetic device, hourly rate (excludes V5335 repair of oral or laryngeal prosthesis or artificial larynx)	#
L7510	Y	Y	Repair prosthetic device, repair or replace minor parts (excludes V5335 repair of oral or laryngeal prosthesis or artificial larynx)	B.R.
L7520	Y	Y	Repair of prosthetic device, labor component, per 15 minutes	\$24.93
L7900			Vacuum erection system	#
L8000			Breast prosthesis, mastectomy bra	\$33.29
L8010			Breast prosthesis, mastectomy sleeve	\$58.89
L8015			External breast prosthesis garment, with mastectomy form, post mastectomy	\$49.25
L8020			Breast prosthesis, mastectomy form	\$194.15
L8030			Breast prosthesis, silicone or equal	\$254.22
L8035			Custom breast prosthesis, post mastectomy, molded to patient model	#
L8039	Y		Breast prosthesis, not otherwise specified	B.R.
L8040			Nasal prosthesis, provided by a non-physician	#
L8041			Midfacial prosthesis, provided by a non-physician	#
L8042			Orbital prosthesis, provided by a non-physician	#
L8043			Upper facial prosthesis, provided by a non-physician	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L8044			Hemi-facial prosthesis, provided by a non-physician	#
L8045			Auricular prosthesis, provided by a non-physician	#
L8046			Partial facial prosthesis, provided by a non-physician	#
L8047			Nasal septal prosthesis, provided by a non-physician	#
L8048			Unspecified maxillofacial prosthesis, by report, provided by a non-physician	#
L8049			Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	#
L8100			Gradient compression stocking, below knee, 18-30 mmhg, each	#
L8110			Gradient compression stocking, below knee, 30-40 mmhg, each	#
L8120			Gradient compression stocking, below knee, 40-50 mmhg, each	#
L8130			Gradient compression stocking, thigh length, 18-30 mmhg, each	#
L8140			Gradient compression stocking, thigh length, 30-40 mmhg, each	#
L8150			Gradient compression stocking, thigh length, 40-50 mmhg, each	#
L8160			Gradient compression stocking, full length/chap style, 18-30 mmhg, each	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L8170			Gradient compression stocking, full length/chap style, 30-40 mmhg, each	#
L8180			Gradient compression stocking, full length/chap style, 40-50 mmhg, each	#
L8190			Gradient compression stocking, waist length, 18-30 mmhg, each	#
L8195			Gradient compression stocking, waist length, 30-40 mmhg, each	#
L8200			Gradient compression stocking, waist length, 40-50 mmhg, each	#
L8210			Gradient compression stocking, custom made	#
L8220			Gradient compression stocking, lymphedema	#
L8230			Gradient compression stocking, garter belt	#
L8239			Gradient compression stocking, not otherwise specified	#
L8300			Truss, single with standard pad	\$84.46
L8310			Truss, double with standard pads	\$118.29
L8320			Truss, addition to standard pad, water pad	\$45.03
L8330			Truss, addition to standard pad, scrotal pad	\$39.78
L8400		Y	Prosthetic sheath, below knee, each	\$14.95
L8410		Y	Prosthetic sheath, above knee, each	\$21.30
L8415		Y	Prosthetic sheath, upper limb, each	\$21.87
L8417		Y	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	\$59.49

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L8420		Y	Prosthetic sock, multiple ply, below knee, each	\$16.17
L8430		Y	Prosthetic sock, multiple ply, above knee, each	\$18.47
L8435		Y	Prosthetic sock, multiple ply, upper limb, each	\$22.59
L8440		Y	Prosthetic shrinker, below knee, each	\$33.70
L8460		Y	Prosthetic shrinker, above knee, each	\$70.32
L8465		Y	Prosthetic shrinker, upper limb, each	\$39.31
L8470		Y	Prosthetic sock, single ply, fitting, below knee, each	\$5.38
L8480		Y	Prosthetic sock, single ply, fitting, above knee, each	\$9.89
L8485		Y	Prosthetic sock, single ply, fitting, upper limb, each	\$11.58
L8490	Y	Y	Addition to prosthetic sheath/sock, air seal suction retention system	\$120.70
L8499	Y	Y	Unlisted procedure for miscellaneous prosthetic services	B.R.
L8500			Artificial larynx, any type	#
L8501			Tracheostomy speaking valve	#
L8600			Implantable breast prosthesis, silicone or equal	#
L8603			Injectible bulking agent, collagen implant, urinary tract, per 2.5 cc syringe, includes shipping and necessary supplies	#
L8606			Injectible bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
L8610			Ocular Implant	#
L8612			Aqueous shunt	#
L8613			Ossicula implant	#
L8614			Cochlear device/system	#
L8619			Cochlear implant external speech processor, replacement	#
L8630			Metacarpophalangeal joint implant	#
L8641			Metatarsal joint implant	#
L8642			Hallux implant	#
L8658			Interphalangeal joint implant	#
L8670			Vascular graft material, synthetic, implant	#
L8699			Prosthetic implant, not otherwise specified	#
A5500			For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	\$67.03
A5501			For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	\$200.02
A5502			For diabetics only, multiple density insert(s), per shoe	\$34.05
A5503			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	\$34.05

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
A5504			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedges, per shoe	\$34.05
A5505			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	\$34.05
A5506			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	\$31.39
A5507	Y		For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay or custom molded shoe, per shoe	B.R.
K0112			Trunk support device, vest type, with inner frame, prefabricated	#
K0113			Trunk support device, vest type, without inner frame, prefabricated	#
K0114			Back support system for use with a wheelchair, with inner frame, prefabricated	#
K0115			Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base	#
K0116			Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base	#
A4280			Adhesive skin support attachment for use with external breast prosthesis, each.	#
A5508			For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	#

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>Medicaid Max. Allow.</u>
V2623			Prosthetic eye, plastic, custom	\$866.93
V2624			Polishing/resurfacing of ocular prosthesis	\$65.41
V2625			Enlargement of ocular prosthesis	\$397.66
V2626			Reduction of ocular prosthesis	\$214.36
V2627			Scleral cover shell	\$1,384.42
V2628			Fabrication and fitting of ocular conformer	\$326.89
V2629	Y		Prosthetic eye, other type	B.R.

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